
# QUARTERLY UPDATE
# TO THE LEGISLATURE

# MEDI-CAL MANAGED CARE PROGRAM

## July through September 2010

**Department of Health Care Services**
**Medi-Cal Managed Care Division**

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## I. Purpose of the Update

The Budget Act of 2005 authorized the Department of Health Care Services (DHCS) to expand the Medi-Cal Managed Care program into 13 new counties: El Dorado, Imperial, Kings, Lake, Madera, Marin, Merced, Mendocino, Placer, San Benito, San Luis Obispo, Sonoma, and Ventura.

Beginning January 1, 2006, DHCS was required to provide quarterly updates to the policy and fiscal committees of the Legislature on DHCS' core activities to improve the Medi-Cal Managed Care program and to expand into the 13 new counties.

The updates shall include:

- Progress or key milestones and objectives to implement changes to the existing program;
- Submittal of State Plan Amendments (SPAs) to the federal Centers for Medicare and Medicaid Services (CMS);
- Submittal of any federal waiver documents; and
- Applicable key functions related to the effort to expand the Medi-Cal Managed Care program.

In response to legislative inquiries on the rate setting methodology, DHCS has added this information into the quarterly update report.

## II. Key Milestones and Objectives

*Collaboration with California HealthCare Foundation*
DHCS partnered with the California HealthCare Foundation (CHCF) to develop enhanced performance standards for services provided to persons with disabilities and chronic illnesses through Medi-Cal managed care health plans. DHCS received CHCF recommendations in a report titled "Performance Standards for Medi-Cal Managed Care Organizations Serving People with Disabilities and Chronic Conditions" on November 21, 2005. DHCS requested comments and input from its contracting health plans regarding these recommendations. DHCS completed an analysis of the 53 recommendations it received to determine the applicability of the recommendations to the target population, and to assess the feasibility of each recommendation. The CHCF report and DHCS' responses are available on DHCS' website at:
http://www.dhcs.ca.gov/dataandstats/reports/Pages/CHCFRpt_DHCSRspns.aspx

DHCS is taking a proactive approach toward the development of a care coordination program, and its staff continues to work toward developing care coordination resources.

DHCS is collaborating with the Center for Health Care Strategies (CHCS) on the following topics highlighted in the CHCF recommendations.

*Member Evaluation Tool*

DHCS collaborated with CHCS to develop a screening tool for new members enrolled in Medi-Cal managed care health plans. The tool assists in identifying those members in need of immediate medical evaluation by a primary care provider (PCP) and for referral to medical care coordination. The tool also helps identify members who have access or accommodation issues that affect their ability to seek and obtain health care. DHCS and representatives from several health plans developed a draft tool, which was shared with the Medi-Cal Managed Care Division (MMCD) Advisory Group. DHCS, in collaboration with Health Care Options (HCO), has completed the Member Evaluation Tool (MET), which will be sent to prospective health plan members along with the enrollment package mailed out by Maximus, the enrollment broker for the Medi-Cal Managed Care program. The MET will be incorporated into the Choice Form Packet for all new enrollees of Medi-Cal managed care plans, including newly enrolled Seniors and Persons with Disabilities (SPDs), beginning March 20, 2011.

*Staying Healthy Assessment Tool*

MMCD and health plan representatives first developed the Staying Healthy Assessment (SHA) in 1999. The current SHA consists of four pediatric risk assessments and one adult behavioral risk assessment questionnaire that health plan enrollees complete during the Initial Health Assessment (IHA) office visit. Each age-specific questionnaire identifies modifiable behavioral risks (e.g., diet, exercise, safety) that medical providers can address with appropriate counseling, anticipatory guidance, and/or referral. MMCD is working with a 45-member committee made up of health plan health educators, nurses, and medical directors, to update and revise the SHA. The revised SHA will consist of seven pediatric and three adult questionnaires. A new senior assessment questionnaire will focus on screening for behavioral risks associated with aging (e.g., falls, elder abuse, dental issues, and nutritional concerns). These new SHA tools will be pilot-tested with providers and Members during Fall 2010, and completed in Winter 2010.

*Developing Policy for Care Coordination for Seniors and Persons with Disabilities*

DHCS and CHCS developed a case management/care coordination survey that was administered to Medi-Cal managed care health plans. DHCS convened a stakeholder case management/care coordination workgroup meeting to present and discuss the CHCS case management/care coordination survey results specific to health plan activities for SPDs. The workgroup developed standard definitions for basic and complex case management. DHCS is currently in the process of drafting a policy letter to clarify the health plan responsibilities on case management and care coordination for Medi-Cal managed care members, including the SPDs population. The policy letter remains in draft form pending review of SB 208 (Steinberg, Chapter 714, Statutes of 2010) and the California Section 1115 Comprehensive Demonstration Project Waiver Proposal: A Bridge to Reform, because the provisions contained in these two

documents may contain additional information on the case management and care coordination requirements.

*Seniors and Persons with Disabilities Provider Training*

DHCS has contracted with Western University of Health Science to develop a disability cultural competency and sensitivity training curriculum/manual for use in training managed care health plan providers. At a minimum, two train-the-trainers workshops will be conducted: one in northern California and one in southern California. The contractor began the project in April 2010, and will conduct the training in January 2011.

*General Program Activities*

DHCS is currently undertaking or has completed the actions listed below to enhance and improve the Medi-Cal Managed Care program.

**1.** DHCS finalized its work with the Department of Developmental Services (DDS), Bay Area Regional Centers, Agnews Developmental Center (Agnews), Alameda Alliance for Health (AAH), Santa Clara Family Health Plan (SCFHP), and Health Plan of San Mateo (HPSM) to complete the transition of approximately 230 patients formerly at Agnews, who required specialized health care, as they moved into community homes. On March 27, 2009, DDS indicated the last Agnews resident had transitioned into the community and that the facility is now closed. Medi-Cal managed care is a preferred option for these former residents because of their extremely complex and medically fragile health conditions, and their need for intense coordination of services among many agencies and providers to support them in the community. Activities that are still in process include:

- DHCS continues to work with the health plans on the claims reconciliation process and to provide clarification on appropriate costs;

- HPSM and SCFHP have accepted the upper payment limit, and developed and agreed to a full-risk rate retroactive to July 1, 2008, and January 1, 2008, respectively. DHCS discussed with CMS the full-risk rates and retroactive reimbursement to the health plans. Although formal approval is pending, CMS's informal response was positive. DHCS is in the process of incorporating the rates into the health plan contracts for HPSM and SCFHP. Once completed, DHCS will issue recoupment procedures to the plans;

- DHCS continues discussions with AAH regarding a full-risk rate. AAH had initially agreed to a full-risk rate for its Agnews population beginning January 1, 2011, but then retracted their agreement to continue with the cost-based reconciliation. MMCD's efforts to reconcile information provided by AAH have resulted in concerns with the reconciliation data provided by the plan. Specifically, administrative costs were identified that were already covered in the health plan's primary capitation rate. The current payment arrangement has resulted in an excessive cash flow to the health plan, as the initial interim rates were substantially higher than reported costs. AAH acknowledged that the

excessive amount would need to be recovered by MMCD. MMCD adjusted the interim payment amount effective July 1, 2010; and

- For 2010, DHCS actuaries have developed a full-risk capitation rate for all three health plans (HPSM, SCFHP, and AAH), and the rates have been sent to CMS for final approval.

**2.** For the rate period January 1, 2010, through December 31, 2010, the California Medical Assistance Commission (CMAC) has finalized negotiations of capitated rates for Molina Healthcare of California, operating under the geographic managed care (GMC) model in Sacramento and San Diego Counties. In September 2010, CMAC approved the contracts, which Molina has fully executed. However, these contracts are pending final CMS approval. CMAC has finalized negotiations with Kaiser Permanente (KP Cal) in Sacramento and San Diego counties for the rate period January 1, 2010, through December 31, 2010. CMAC approved the contracts in September 2010. KP Cal Sacramento has fully executed its contract; however, the San Diego contract is pending final CMS approval.

**3**. As required by ABX3 5 (Evans, Chapter 20, Statutes of 2009), effective July 1, 2009, DHCS discontinued the optional Medi-Cal optometry services for adults 21 years of age or older, excluding pregnant women and beneficiaries in nursing facilities. Effective July 1, 2010, DHCS reinstated optometry services retroactive to July 2009 to comply with federal law, which prohibits the elimination of optometrist services if physicians could still provide them and the State previously funded these services. However, in order to facilitate a definitive response to the federal policy, DHCS is performing a legal review to determine what steps may be necessary to reinstate the discontinuance of optional optometry services in order to comply with the intent of the Governor and the State Legislature.

**4**. DHCS is conducting outreach and awareness activities to encourage the voluntary enrollment of SPDs, including persons who are disabled as a result of AIDS, into Medi-Cal managed care.

DHCS and the University of California, Berkeley, School of Public Health, Health Research for Action (HRA) continue their joint work on SPDs outreach activities. HRA developed a comprehensive SPDs guide entitled, “What Are My Medi-Cal Choices?” which was tested in a phone survey and pilot study in Alameda, Riverside, and Sacramento counties in 2008. Initial findings from the studies provided strong evidence that the SPDs guide is an effective way to improve beneficiary knowledge, confidence, and intentions on making more informed Medi-Cal choices. Ninety-eight percent of the tested population found the information in the SPDs guide to be useful, and eighty-three percent found the guide to be easy to understand. The pilot guide was revised based on findings from these evaluations.

HRA analyzed enrollment data for the six months following the dissemination of the pilot SPDs guide and found that beneficiaries in pilot counties were more likely to change from the fee-for-service (FFS) model of Medi-Cal to the managed care model and less likely to change back to the FFS model from the managed care model. The analysis showed a significant difference between the comparison and pilot counties.

The HRA translated the SPDs guide into the threshold languages and it became available online in March 2010. The county-specific information is also available for managed care counties that do not use the County Organized Health Systems (COHS) model of Medi-Cal managed care. The SPDs guide is available on DHCS' website at: http://dhcs.ca.gov/MediCalChoices. DHCS is exploring funding options for ongoing printing and dissemination of the SPDs guide, including designing and mailing a flyer to SPDs currently served under the FFS model of Medi-Cal, encouraging them to call and request a guide for more information about the managed care model.

The current phase of the project is focusing on developing complementary interventions to enhance outreach efforts to SPDs. HRA conducted a detailed review of HCO's website to determine its accessibility and usability for Medi-Cal SPDs beneficiaries and provided a report on ways to make the website more accessible. HRA conducted a phone survey to identify barriers to enrollment, as well as motivators and complementary interventions needed to encourage and facilitate SPDs to enroll in managed care. The phone survey identified a barrier that has already been addressed – many beneficiaries said that having to request, fill out and mail in an enrollment form kept them from changing to managed care. They overwhelmingly agreed that the option to enroll over the phone would make things much easier – enrollment by phone has been in place since January 1, 2009.

**5.** DHCS is working collaboratively with the Medi-Cal managed care health plans to reduce avoidable visits to emergency rooms (ERs). An avoidable ER visit is a visit that could have been more appropriately managed by and/or referred to a PCP in an office or clinic setting. This collaborative effort will run through October 2011. The health plans implemented health-plan-specific and statewide interventions to improve the continuity of care between the member and PCP to avoid the need for episodic care in the ERs. Health plans have worked collaboratively to implement two statewide interventions: a health education campaign and a health plan collaboration with a selected network hospital**.**

The health education campaign was developed using data extracted from surveys of health plan members and providers, and health-plan-specific to ER claims. The health education campaign targets members from one to nineteen years of age and their parents, with diagnoses that should not have required ER visits; these diagnoses are limited to upper respiratory infections, otitis media, and acute pharyngitis. Posters and brochures entitled, "Not Sure It's An Emergency?" in English and Spanish were designed and distributed to PCP offices. Health plans

instructed their providers on how to use the materials to educate patients during office visits on the appropriate use of the ER.

DHCS and the health plans developed a survey to target PCPs who used the health education campaign materials in order to evaluate the implementation of the campaign. The results of the survey were released during the ER Collaborative's annual meeting in May 2010. There were a total of 519 PCP responses. As a result of the campaign, the survey responses indicated the following:

- 50 percent of patients asked questions about appropriate ER use;
- 87 percent of providers initiated discussion about appropriate ER use;
- 87 percent of PCP indicated the poster was helpful; and
- 88 percent of providers indicated the brochure was helpful.

DHCS and the health plans also developed a member survey to evaluate the impact of campaign materials on members contacting their PCP for advice prior to seeking care in the ER for earaches, sore throats, cough or flu, or when they are not sure when to go to the ER. The member survey was implemented in April 2010 and completed in August 2010. A total of 875 members responded to the survey from 21 counties. The member survey responses are currently being analyzed.

In addition to the health education campaign targeting members seen in PCP offices, health plans have collaborated with selected network hospitals to receive timely information on managed care members seen in the ER. Hospitals send ER data to the health plans or directly to PCPs. The health plans and providers will use this data to develop interventions to reduce avoidable ER visits. As part of the hospital collaboration, health plans developed and agreed on several measures to use in evaluating the collaboration between the health plans and hospitals for the timely exchange of ER data. Health plans will submit an analysis of their hospital collaborative efforts for Calendar Year 2009 by October 29, 2010.

**6**. Assembly Bill (AB) 1422 (Bass, Chapter 157, Statutes of 2009) added Medi-Cal managed care health plans to the list of insurers subject to California's gross premiums tax, a 2.35 percent tax on health insurance plans serving low-income Californians. The proceeds from this tax will be appropriated to DHCS for the Medi-Cal Managed Care program and to the Managed Risk Medical Insurance Board (MRMIB) for the Healthy Families Program (HFP). The bill also increases premiums paid by HFP enrollees, and allows the California Children and Families Commission (CCFC) to transfer monies among its various funds. The bill took effect retroactively to January 1, 2009, and will sunset January 1, 2011. DHCS submitted trailer bill language with the 2010-2011 Budget to extend the sunset date to June 30, 2011, and is currently considering a legislative proposal to extend the sunset date for an additional year to June 30, 2012.

Specifically, the State collects the Managed Care Organization tax, totaling approximately $251 million annually, from managed care health plans and then divides the funds as follows:

- 38.41 percent of the tax funds are allocated to the General Fund (GF) for associated managed care rate increases, and the remaining 61.59 percent of the managed care increases are funded by federal financial participation (FFP).

- 61.59 percent of the tax funds are allocated as the GF portion of HFP payments. Because HFP is reimbursed by the Federal Government at a federal medical assistance percentage (FMAP) of 65 percent, HFP will receive an additional 65 percent in FFP.

The net result is that the tax funds collected are used to reimburse the State for the GF portions of managed care rate increases and HFP payments. FFP is drawn down to fully reimburse the managed care health plans and provide the federal funding to HFP. The managed care health plans are fully reimbursed for the taxes paid, and the State is reimbursed for all GF expenditures related to passage of this bill.

The requirements of AB 1422 have been implemented by DHCS working jointly with the California Department of Insurance, the State Controller's Office, and the Board of Equalization.

**7.** For rate years beginning in State fiscal year 2009-10, DHCS implemented maternity supplemental payments and risk-adjusted capitation rates for health plans contracting in counties that provide managed care under the TPM and GMC models. The maternity supplemental payments to health plans are in addition to monthly capitated payments and are based on health plan reports of delivery events.

Capitation rates are risk-adjusted to better match each health plan's projected costs to their capitated payments. Medi-Cal beneficiaries are eligible for services according to specific categories of aid (COA or aid codes). Each COA implies a different amount of financial risk. Capitated rates for managed care health plans were risk-adjusted for their members who had been enrolled under the Family/Adult COA and the Aged/Disabled/Medi-Cal Only COA. Rates for other COAs were not risk-adjusted.

The Medicaid RX model developed by researchers at UC San Diego was selected for risk-adjusting capitation rates. The model uses pharmacy data to classify individuals by diagnosis categories in order to measure a population's anticipated health risk. Additional adjustments were made to the Medicaid RX model to better match risk to California's managed care population.

To ensure that the application of risk-adjustment would not result in unintended reductions or increases in total capitation payments, the raw health plan risk scores were adjusted by the average risk score of each county's population. This produces the health plans' relative risk scores. The intent of this adjustment is to recalibrate the plans' risk scores to maintain the budget neutrality of the managed care program. To calculate the population average used within the budget neutrality calculation, each health plan's raw score was weighted by the number of total enrolled members, including scored and unscored health plan enrollees. Budget neutrality calculations were performed separately for each county and each risk adjustment rating category.

To calculate the final capitation rates, the final adjusted risk scores are applied to the developed county average capitation rates. For the first year, risk adjustment was phased in using a rate comprised of twenty-percent risk-adjusted county average rates and eighty-percent health plan-specific rates.

## III. State Plan Amendments

DHCS did not submit any SPAs for the Medi-Cal Managed Care program during the calendar quarter July 2010 through September 2010.

## IV. Federal Waivers

On June 1, 2010, DHCS submitted a waiver renewal to CMS to continue the operation of its 1915(b) federal waiver for HPSM. Included in the renewal were the changes necessary to include coverage of Child Health and Disability Prevention (CHDP) services, pharmacy, and laboratory mental health services under the HPSM contract. CMS approved this waiver renewal on August 27, 2010.

On June 24, 2010, DHCS submitted a modification request to its 1915(b) federal waiver titled the California Children's Services/Dental (CCS/Dental) waiver. The purpose of this modification was to:

1. Change the name of the waiver from the CCS/Dental waiver to the TPM/GMC waiver;

2. Transfer operational authority for the TPM and GMC models of managed care from the State Plan to 1915(b) waiver authority;

3. Implement managed care expansion into the counties of Kings and Madera; and

4. To facilitate the formation of the Tri-Counties Regional TPM in the counties of Fresno, Kings and Madera.

This waiver modification was approved by CMS on September 22, 2010; however, subsequent to CMS approval, the implementation date of the expansion was delayed

from October 1, 2010, to February 1, 2011. This may be unnecessary because DHCS recently decided to incorporate all of its 1915 (b) waivers into the California Section 1115 Comprehensive Demonstration Waiver Proposal: A Bridge to Reform, effective November 2010.

## V. Key Activities on Medi-Cal Managed Care Expansion

*Information to Health Plans and Expansion Counties*
DHCS provides expansion updates to health plans on a quarterly basis through meetings with health plan Chief Executive Officers and Medical Directors. DHCS provides similar updates to the MMCD Advisory Group.

*Interactions with Expansion Counties*
Eleven of the thirteen expansion counties and Fresno County, which is an existing managed care county affected by the current expansion efforts, have endorsed a managed care model believed to best suit the needs of each county. In Spring 2008, DHCS determined that the timing was not optimal to continue expansion efforts in four counties: Imperial, San Benito, Marin, and El Dorado. Subsequently, DHCS removed them from the list of expansion counties and determined that Imperial, San Benito, and El Dorado Counties were not ready for expansion based on consultation with the counties and local stakeholders. Partnership Healthplan of California (PHC) was planning to expand its COHS into Marin County in 2008, but determined that it was not able to do so using DHCS' proposed capitation rates, which by law could not exceed what would have been paid under the Medi-Cal FFS delivery system. However, PHC and Marin County have expressed renewed interest in managed care and a new implementation date of July 1, 2011, has been established. With the removal of Imperial, San Benito, and El Dorado counties, the table in Attachment 1 provides the current status of each of the ten remaining expansion counties and Fresno.

Recent developments include:

- The Medi-Cal managed care expansion into Placer County is on hold because two of the three health plans were unable to participate. Notices were mailed to Placer County beneficiaries in May 2009, informing them that Medi-Cal managed care will not be offered in Placer County at this time.

- Sonoma County partnered with an existing COHS health plan, PHC. Implementation was completed on October 1, 2009.

- PHC's expansion into Marin and Mendocino counties has been established to be July 1, 2011.

- Merced County partnered with an existing COHS health plan, Central Coast Alliance for Health, which was recently renamed Central California Alliance for Health, effective July 1, 2009. Implementation was completed on October 1, 2009.

- Expansion into Ventura County is currently scheduled for February 1, 2011. DHCS received a letter from the Ventura Managed Care Commission stating that the health plan intended to begin operations six to nine months from the date the capitation rates are finalized. DHCS responded to Ventura in July 2010 by providing a copy of the COHS boilerplate contract, final rates, and further clarification of the contract. The letter informed the health plan of a February 1, 2011, implementation based on the county's letter. The Ventura County Managed Care Commission has voted to name its new COHS plan the Gold Coast Health Plan, and has begun to submit implementation deliverables to DHCS for review and approval. DHCS continues to work with Gold Coast Health Plan for the implementation of managed care in Ventura County.

- DHCS continues to work with representatives from Fresno, Kings, and Madera counties to establish a Regional Two-Plan Local Initiative (LI). The counties established a Commission to serve as the LI with representation from each of the counties. The LI has a contract with Health Net to act as their administrative services partner and as an HMO providing services directly to members enrolled with the LI. The LI will be operating under the DBA CalViva Health (CalViva) and has been working with the Department of Managed Health Care to obtain their Knox-Keene license. DHCS and the counties originally established October 1, 2010, as the implementation date, but unforeseen circumstances have delayed the start date until February 1, 2011.

- DHCS released a Request for Proposal on June 17, 2009, to procure a commercial plan (CP) contractor for this region. On December 10, 2009, DHCS released a Notice of Intent to Award letter to announce Anthem Blue Cross Partnership Plan (Anthem) as the CP for these counties. No appeals were filed, and the contract was officially awarded to Anthem on December 21, 2009. Medi-Cal eligibles in all three counties were notified of the expansion on June 22, 2010, and were notified of the implementation delay September 28, 2010. Additional informational material will be mailed to Medi-Cal eligibles in early December 2010. DHCS continues to work with Anthem and CalViva to prepare for the February 1, 2011, implementation. CalViva is concerned about the data used to establish their rates, and DHCS is working with them to resolve the issues.

# Attachment 1
# Medi-Cal Managed Care Division
# Update of Expansion Implementation Dates and Managed Care Models

| County | Original Implementation Date | Revised Implementation Date | Managed Care Model |
|---|---|---|---|
| Placer | 03/01/07 | On hold | GMC |
| Fresno | 10/01/07 | Postponed to 02/01/2011 | Conversion to Tri-County Regional Two-Plan (with Kings and Madera) |
| Kings | 10/01/07 | Postponed to 02/01/2011 | Tri-County Regional Two-Plan (with Fresno and Madera) |
| Madera | 10/01/07 | Postponed to 02/01/2011 | Tri-County Regional Two-Plan (with Fresno and Kings) |
| Marin | 04/01/08 | 07/01/2011 | COHS Joining Partnership Health Plan of California |
| Merced | 10/01/07 | 10/01/2009 (Completed) | COHS Joining Central California Alliance for Health |
| Lake | 04/01/08 | To Be Determined | COHS Joining Partnership HealthPlan of California |
| Mendocino | 04/01/08 | 07/01/2011 | COHS Joining Partnership HealthPlan of California |
| San Luis Obispo | 04/01/08 | 03/01/2008 (Completed) | COHS Joined Santa Barbara Regional Health Authority (dba CenCal Health) |
| Sonoma | 04/01/08 | 10/01/2009 (Completed) | COHS Joining Partnership HealthPlan |
| Ventura | 04/01/08 | 02/01/2011 | COHS Will become its own COHS |

GMC = Geographic Managed Care
COHS = County Organized Health System

## Attachment II: Abbreviations and Acronyms

| | |
|---|---|
| AAH | Alameda Alliance for Health |
| AB | Assembly Bill |
| ABX | Assembly Bill, Extraordinary Session |
| Agnews | Agnews Developmental Center |
| Anthem | Anthem Blue Cross Partnership Plan |
| CCFC | California Children and Families Commission |
| CCS | California Children's Services |
| CHCF | California HealthCare Foundation |
| CHDP | Child Health and Disability Prevention |
| CMAC | California Medical Assistance Commission |
| CMS | Centers for Medicare and Medicaid Services |
| COA | Categories Of Aid |
| COHS | County-Operated Health System |
| CP | Commercial Plan |
| DDS | Department of Developmental Services |
| DHCS | Department of Health Care Services |
| ER | Emergency Room |
| FFS | Fee-For-Service |
| FMAP | Federal Medical Assistance Percentage |
| GMC | Geographic Managed Care |
| HCO | Health Care Options |
| HFP | Healthy Families Program |
| HPSM | Health Plan of San Mateo |
| HRA | Health Research for Action |
| IHA | Initial Health Assessment |
| LI | Local Initiative |
| MET | Member Evaluation Tool |
| MMCD | Medi-Cal Managed Care Division |
| PCP | Primary Care Provider |
| PHP | Partnership Healthplan of California |
| SCFHP | Santa Clara Family Health Plan |
| SHA | Staying Healthy Assessment |
| SPAs | State Plan Amendments |
| SPDs | Seniors and Persons with Disabilities |
| TPM | Two-Plan Model |